

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Michael Leager		COURT CASE NUMBER	07-429-GMS
DEFENDANT	Warden Raphael Williams et.al.		TYPE OF PROCESS	Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			RECEIVED U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION FBI
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			820. N French street wilmington DE. 19801
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				<input checked="" type="checkbox"/> Number of process to be served with this Form - 285 <input type="checkbox"/> Number of parties to be served in this case <input type="checkbox"/> Check for service on U.S.A.
<input checked="" type="checkbox"/> Michael Leager #515275 P.O. Box 9561 <input type="checkbox"/> Wilmington DE 19809				

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Forma pauperis

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
Michael Leager	<input type="checkbox"/> DEFENDANT		7/26/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk	Date 12/19/07
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Larry Lewis, State Solicitor		
Address (complete only if different than shown above)	Date of Service 12/20/07	Time 0900 am
	Signature of U.S. Marshal or Deputy BR	

Service Fee 4500	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 4500	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: